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Name of Person Making Amy BargerSignature: *Amy Barger*

DOCUMENT(S) FAXED: (MARKED WITH X) 12 PAGES ATTACHED

| | |
|--------------|-----------------|
| Re Applic of | Bedell et al. |
| Docket No. | FIS920040069US1 |
| Serial No. | 10/710,826 |
| Filing Date | 08/ 5/2004 |
| Agent | Yuanmin Cai |

Attached:

Amendment and Response

PLEASE DELIVER TO:
EXAMINER: Heather A. Doty
ART UNIT: 2813
PHONE NO:
FAX NO: 571-273-8300

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Phone: 845-894-2580

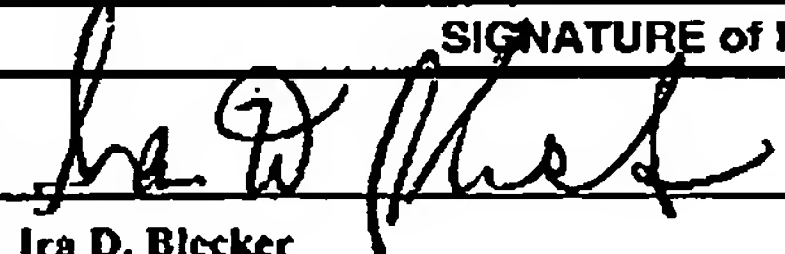
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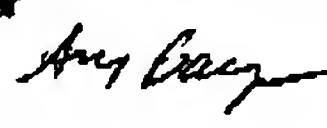
Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: Bedell, et al. | | | | | |
|---|--|------|---------------------|--------------------|---------------|
| Application No. 10/710,826 | | | | | |
| Filed: 08/05/2004 | | | | | |
| Title: METHOD OF FORMING STRAINED SILICON MATERIALS WITH IMPROVED THERMAL CONDUCTIVITY | | | | | |
| Attorney Docket No. FIS920040069US1 | Art Unit: 2813 | | | | |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>YUANMIN CAI</td><td>56,513</td></tr></tbody></table> | | Name | Registration Number | YUANMIN CAI | 56,513 |
| Name | Registration Number | | | | |
| YUANMIN CAI | 56,513 | | | | |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> | | | | | |
| SIGNATURE of Practitioner of Record | | | | | |
| Signature  | Date January 30, 2006 | | | | |
| Name Ira D. Blecker | Registration No., if applicable 29,894 | | | | |
| Telephone 845-894-2580 | | | | | |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. | |
|---|-------------------------------------|-----------------------------|---|------------------------|--------------------------|
| Applicant(s): Bedell, et al. | | | | FIS920040069US1 | |
| Application No. 10/710,826 | Filing Date 8/5/2004 | Examiner Heather A. Doty | Customer No. 32074 | Group Art Unit 2813 | Confirmation No. 4825 |
| Invention: METHOD OF FORMING STRAINED SILICON MATERIALS WITH IMPROVED THERMAL CONDUCTIVITY | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 17 - | 20 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  Signature | | | Dated: 1/30/2006 | | |
| Yuanmin Cai, Agent Registration No. 56,513 Telephone No., 845-894-8469 | | | CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 1/30/06 Name of person making transmission: Amy Barger Signature:  | | |
| cc: | | | | | |

P11LARGEREV09